US Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Only		
E	191:07	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2, Fiscal Year Covered From:		
12517	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL W MAROTH	Name MLBPA		
	Labor Organization File Number 064-727		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 12566 ALDERSHOT LANE	Street 12 EAST 49TH STREET		
City WINDERMERE	City NEW YORK		
State Florida ZIP Code + 4 34786	State New York ZIP Code + 4 10017		
 Enter appropriate data below If, during the past fiscal year, you or your specified. 	puse or minor child directly or indirectly had any of the following interests		
(except as specified in the excl. Held an interest in, engaged in transactions (including loans) with, or			
(except as specified in the exc to Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizat	desions set forth in the instructions): derived income or other economic benefit of		
(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate. B. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the excl. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizat Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the excl. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizates. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sig 15. Signature and verification. The undersigned declares, under penalty or	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.		

Name of Person Filing MICHAEL MAROTH	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any),	9. Business deals with:					
Name THE TOPPS COMPANY, INC.						
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any	b. Trust					
Street ONE WHITEHALL STREET	: c. Employer					
City NEW YORK						
State New York ZIP Code + 4 10004-2109						
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
,						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing. \$4,832,269					
City	12.a. Nature of interest held or income received. BASEBALL CARD CONTRACT					
State ZIP Code + 4						
	12.b. Amount. \$575					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State ZIP Code + 4						
	14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?						

ADDENDUM

Endorsement Contracts

In 2004, I received endorsement income from 2 of the business that, insofar as I know, do not do business with the MLBPA, but that may do business with one or more Major League Baseball Clubs and / or with Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the Clubs and / or with Major League Baseball that those commercial dealings represent a "substantial part" of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation, I am stating below the amount of endorsement income I received from each of these businesses in 2004:

ITEMIZED LIST

Company	Amount Paid	Benefits Received (Estimated)
Wilson Sporting Goods - Merchandise	\$5,000	
Reebok – Merchandise	\$5,000	